

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
Effective January 9, 2006

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Farm/Ranch</u> | \$ 1,870,566 | - 3.0% |

Does filing only apply to certain territory (territories) or certain classes? No

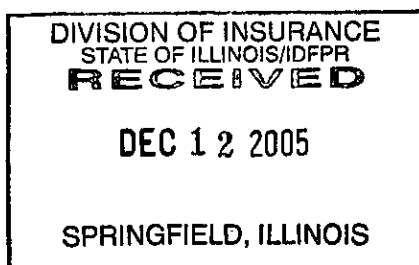
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory

Organization, specify organization): Farm/Ranch Revision - Longevity Discount Program

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.



AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

James P. Meyer

Official - Title

James P. Meyer, ACP, AIM

Senior Pricing Analyst/Filings

SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective **May 1, 2006**

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$5,139,759 | -1.1% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

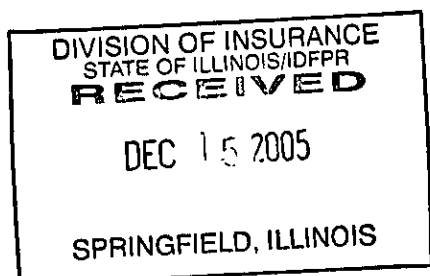
Applies to all territories and classes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Revising Company Package Modification Factors

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company

Name of Company

Vicki Jacobs, Research Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

06/01/06

| (1) | (2) | (3) |
|---|--|--------------------------------------|
| <u>Coverage</u> | <u>Annual Premium Volume (Illinois)*</u> | <u>Percent Change (+ or -)**</u> |
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. CMP (Ultrasure for Property Owners) | \$1,472,823 | 0.0% |
| 14. Crop Hail | | |
| 15. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Introduction of new classes of business, higher coverage amounts for ERISA, new coverages, and changes to burglar alarm eligibility.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Company

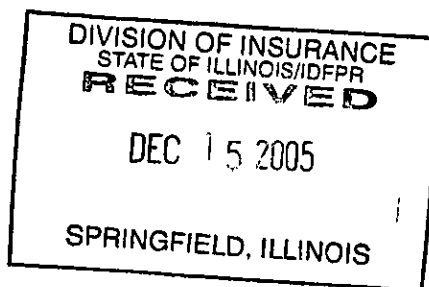
Name of Company



Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

06/01/06

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril (Ultrapack) | \$976,694 | 0.0% |
| 14. Crop Hail | | |
| 15. Other _____ | | |
| Line of Insurance | | |

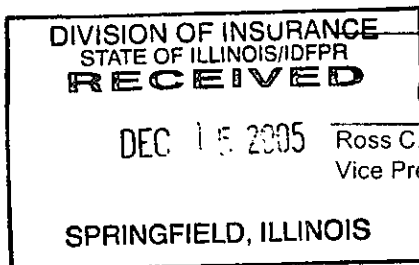
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Introduction of new classes of business, higher coverage amounts for ERISA, new coverages, and changes to burglar alarm eligibility.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



Erie Insurance Exchange

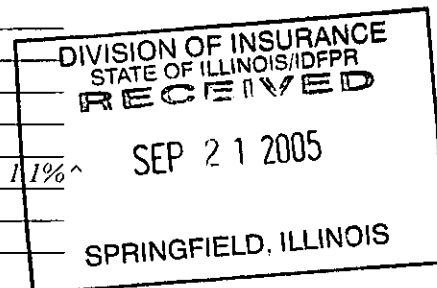
Name of Company

Ross Fonticella
Ross C. Fonticella, ACAS, MAAA
Vice President and Manager

Official - Title

Change in Company's premium or rate level produced by rate revision effective 2/1/2006.

| (1) | (2) | (3) |
|-------------------------------|--|--------------------------------|
| Coverage | Annual Written Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 42,911,828 | < 11% [^] |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |



Does filing only apply to certain territory (territories) or certain classes? If so specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

See Explanatory Memorandum

*Adjusted to reflect all prior rate changes

**Change in Company's premium level which will result from application of new rates.

[^] See Explanatory Memorandum.

Federal Insurance Co.

Name of Company

mpulley

Official - Title

Assistant Vice President & Actuary

Change in Company's premium or rate level produced by rate revision effective 2/1/2006.

| (1) | (2) | (3) |
|-------------------------------|--|------------------------------|
| Coverage | Annual Written Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 5,578,220 | < 1.1% [^] |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

SEP 21 2005

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

See Explanatory Memorandum

*Adjusted to reflect all prior rate changes

**Change in Company's premium level which will result from application of new rates.

[^] See Explanatory Memorandum.

Great Northern Insurance Co.

Name of Company

M. Mulken
Official - Title

Assistant Vice President & Actuary

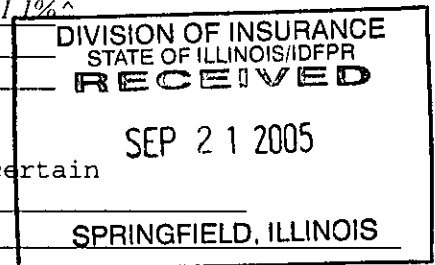
Change in Company's premium or rate level produced by rate revision effective 2/1/2006.

| (1) | (2) | (3) |
|-------------------------------|--|-------------------------------|
| Coverage | Annual Written Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 728,665 | < 1.1% [^] |
| 14. Crop Hail | | |
| 15. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

See Explanatory Memorandum



*Adjusted to reflect all prior rate changes

**Change in Company's premium level which will result from application of new rates.

[^] See Explanatory Memorandum.

Pacific Indemnity Co.

Name of Company

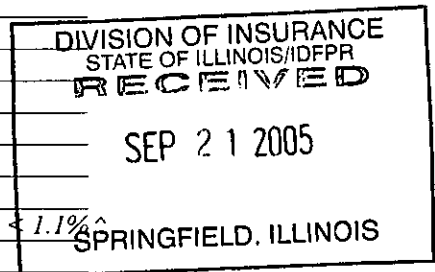
Impruking

Official - Title

Assistant Vice President & Actuary

Change in Company's premium or rate level produced by rate revision effective 2/1/2006

| (1) | (2) | (3) |
|-------------------------------|--|-------------------------------|
| Coverage | Annual Written Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 6,145,337 | < 1.1% [^] |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |



Does filing only apply to certain territory (territories) or certain classes? If so specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

See Explanatory Memorandum

*Adjusted to reflect all prior rate changes

**Change in Company's premium level which will result from application of new rates.

[^] See Explanatory Memorandum.

Vigilant Insurance Co.

Name of Company

[Signature]
Official - Title

Assistant Vice President & Actuary